CORPORATE TRAVEL CARD
DELEGATION OF AUTHORITY

TRAVEL Basic Control Account (BCA) #:   378 _ - _ _ _ _ _ _ -_ _ _ _ _

Agency Number: _____

Note: A separate form must be submitted for each new or replacement Program Administrator.

I, _____, an Authorizing Officer of _____ (the Agency) hereby authorize the following employee to act on behalf of the Agency in authorizing the applications of government employees for an American Express® Corporate Travel Card.

AUTHORIZED PROGRAM ADMINISTRATOR

The individual listed below is hereby designated as an Authorizing Officer for this Agency only. It is understood by the Agency that this Delegation of Authority constitutes acceptance by the Agency of the terms and conditions of the **Corporate Travel Card** Account Agreement Polices and Procedures for each applicant so authorized pursuant to this Agreement.

AUTHORIZING OFFICER OF AGENCY

Authorizing Officer (Please Print)	Title
	( )
Signature	Date Telephone

TRAVEL PROGRAM ADMINISTRATOR

Corporate Travel Card Program Administrator (Please Print)	E-mail Address
	( ) ( )
Signature	Telephone Fax
Office Mailing Address	Month and Date of Birth
City State Zip Code	Secret Phrase for password (will be case sensitive)
Title	AMEX@Work User ID (if you already have one)

Please check the following where it applies.

☐ **Primary Travel Program Administrator**
☐ **Backup Travel Program Administrator**
☐ **Fiscal Staff access**

Will the individual identified above as the **Travel Program Administrator** be the permanent **Travel Program Administrator** or filling in on a temporary basis? If temporary, please indicate amount of time?

❑ **Permanent**
❑ **Temporary- Indicate length of assignment: From _____   To _____**

Indicate the names of all other current Corporate Travel Card Program Administrators

1. _____
2. _____

❑ **Please remove _____ from the Corporate Travel Card list for the Commonwealth of Virginia, effective _____.**

Delegation of Authority (Part 2)
(**All items must be completed for enrollment**)

If you have questions related to this page, please refer to your questions to Shannon Eigenberger at 1-877-266-9590 or AMEX@doa.virginia.gov

Does new Travel **Program Administrator** need access to <u>Amex@Work</u>? Yes_____ No_____
Does new **Travel Program Administrator** have prior <u>Amex@Work</u> access? Yes_____ No_____

If yes, please check the following categories the Travel **Program Administrator** will need access to:
The following 3 are recommended:
- ❑ **View Hierarchy**
- ❑ **Status Tracking Overview**
- ❑ **Status Tracking Search**
- ❑ **Enhanced Reporting**

The following are optional:
- ❑ Travel Program Administrator needs access to all functions listed below
- ❑ Apply for cards
- ❑ Access key
- ❑ View cardmember statements
- ❑ Limit/Industry restriction changes
- ❑ Cancel Cards
- ❑ Suspend Cards
- ❑ Transfer Account
- ❑ Change Address
- ❑ Accounting Information Changes
- ❑ Card Replacement
- ❑ Reinstate cancelled account

Does previous **Travel Program Administrator** have access to <u>Amex@work</u> that needs to be deleted?
Yes_____ No_____

Did previous **Travel Program Administrator** receive reports? Yes_____ No_____
   If yes; Recipient ID number if known_____ (This number will be located on their reports)

Does new **Travel Program Administrator** need access to reports? Yes_____ No _____

The following reports are automatically added to their profile:
   KR-2005 Cardmember Listing (Spreadsheet)
   KR-3000 Delinquency History
   KR-2000 Cardmember Activity Report
   KR-2005 version for Inactive Cards

The following reports are optional and if needed, please check the frequency for these reports:
❑ KR-1205 Cardmember Listing (Data File)	Monthly	Quarterly	Annually
❑ KR-0100 Industry Spending Analysis	Monthly	Quarterly	Annually
❑ KR-1300 Monthly Aging Analysis	Monthly	Quarterly	Annually

There are other reports available for the Travel Card program. For more information, please contact American Express Reporting at 1-800-542-0995 option 1 then option 1 again.

Fax Page 1 and 2 only of this form to (804)786-9201 Attn: Danita Barnes, DOA

The Delegation of Authority form has been revised. Please see below for any questions you may have on this form.

Page 1 Instructions:

BCA (Basic Control Account) Number: This is the number used to submit applications and it is a required field.

Agency Number: This is your State Agency number and it is a required field.

Authorizing Officer: This must be your Agency Head or designee. This is a required field.

Agency Name: Enter your complete agency name. This is a required field.

Authorizing Officer of Agency: The information below is required.
1. Printed Name
2. Title
3. Signature
4. Date
5. Telephone number

Travel Program Administrator: This information pertains to the new individual you are requesting be set up as a Travel Program Administrator, or as a backup. The information below is required.
1. Program Administrator Printed Name
2. Email Address
3. Signature
4. Telephone including area code and extensions, if applicable
5. Fax including area code
6. Office Mailing Address
7. Month and Day of Birth (please do not include year)
8. City, State and Zip Code
9. Secret Phrase *
10. Title
11. AMEX@Work User Id – if the individual already ahs one, please provide.

*Secret Phrase: This is case sensitive and must be something you can remember. This word will be used to verify your identity with American Express. This will be in addition to your password that you will set up when you register for online access.

Primary Travel PA, Backup PA or Fiscal staff access: You must check a box to designate what role the individual will have in regards to the agency's account.

Permanent or Temporary: This section identifies if the new person is being designated for permanent or temporary access.

If it is for a temporary assignment, please indicate the period of time that the person will be in this role. If the end date is undetermined at the time, please indicate and complete a new delegation form when that individual will no longer be in the role. This is a required field.

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Names of other Travel Program Administrators: This is an important section to assist us in ensuring the proper people have access as Travel Program Administrators, or backups, to your Agency's information. This is a required field.

Please Remove: This is a very important section to ensure that those with current or prior access to your Agency's information are removed. Completing this section allows us to remove their name from any master lists for the Agency. If this information is not provided, access will continue for any employees not listed. This field is only required when an Agency is removing access for a person.

Page 2 Instructions:

New Travel Program Administrator @Work Access: If the answer is "Yes", then check all boxes of the different areas within @Work to which this individual will need access. This is a required section if you checked "Yes".

Previous Access to @Work: This applies to the individual being authorized on this form. If you have had prior access to Amex@work we will be able to keep your user ID and change your current settings to match your new settings. This will ensure you have one less password and user id to remember.

Previous Travel Program Administrator @Work Access: This applies to any names you listed on the first page under the "Please remove" section. Previous Program Administrator(s) will only be removed from access to @Work if the "Yes" is selected. This section is only required if you are designating an individual to have access removed.

Previous Program Administrator Report Access: This applies to any names you listed on the first page under the "Please remove" section. Previous Program Administrator(s) will only be removed from access to the Agency's reports through @Work if the "Yes" is selected. This section is only required if you are designating an individual to have access removed.

New Program Administrator Report Access: This applies to the new name you designated on the first page to be setup. If you select "Yes", please indicate all reports listed to which the new Program Administrator will need access. The first 4 reports are automatically sent, but you have options on other reports as to frequency. This section is only required if you are designating an individual to have access removed.

Recipient ID Number for Previous Program Administrator: Providing this number will ensure you are able to have the prior Administrators reporting history and profile

Miscellaneous Reports: There are many other American Express reports available to Program Administrators and Fiscal staff. Please contact the Global Information Services Help Desk (1-800-542-0995 option 1) for any questions or information on additional reports available.

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